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CONFIRMATION NO. 7110

<b>SERIAL NUMBER</b> 10/759,538	<b>FILING OR 371(c) DATE</b> 01/20/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> P-5466-US
<b>APPLICANTS</b> Mitchell S. Steiner, Germantown, TN; Karen A. Veverka, Cordova, TN; James T. Dalton, Upper Arlington, OH; Duane D. Miller, Germantown, TN; <i>MB</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/441,308 01/22/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>MB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>MB</i> Initials <i>MB</i>		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 95
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 49443				
<b>TITLE</b> Treating androgen deficiency in female (ADIF)-associated conditions with SARMS				
<b>FILING FEE RECEIVED</b> 2358	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	